

Name
in
Full

Emma Ann Amos

CERTIFICATE OF DEATH

Town

Sykesville

County

Howard

MARYLAND

Died at

Date

1905

Month

Aug.

Day

14

Age

Years

33

Months

1

Days

Sex

Female

Color or
Race

White

Birth-
place

Carroll Co.

Occupation

House wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Alfred A Amos

Father's
Name

Chas Ridgely

Father's
BirthplaceMother's
Maiden Name

Emily Blate

Mother's
BirthplaceName of person giving
In formation

Alfred A Amos

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Acute Indigestion

How long

24 hrs -

Immediate

heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes -

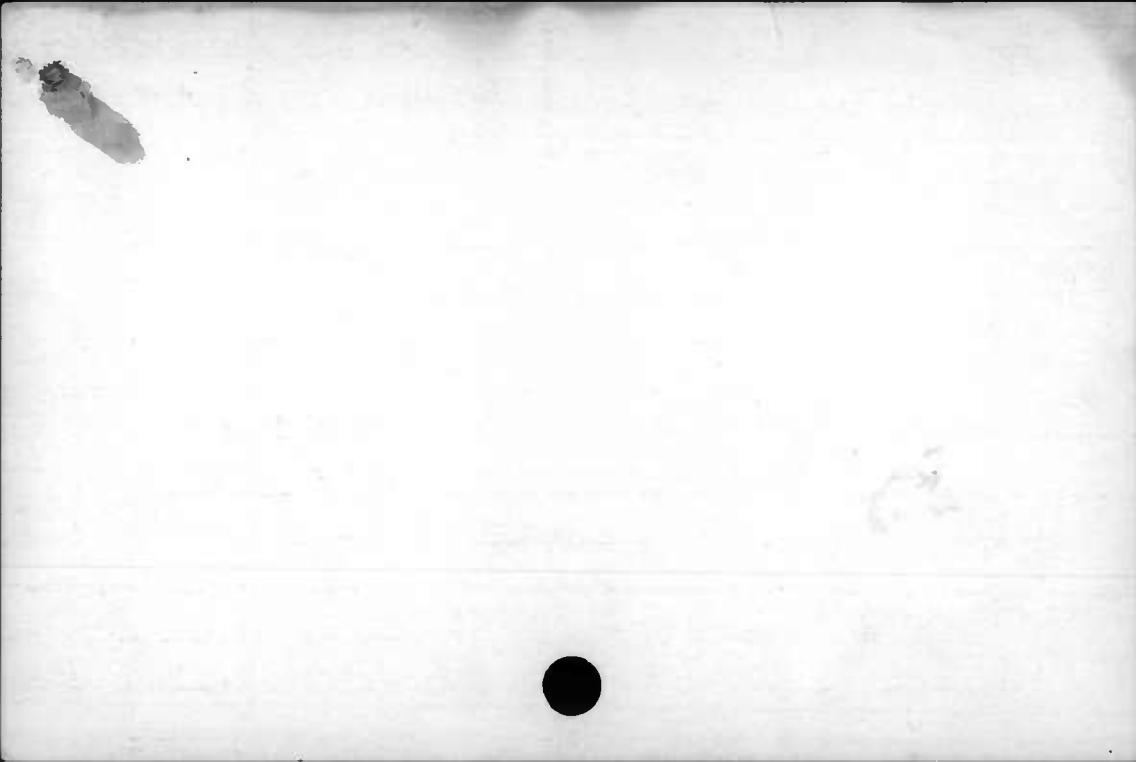
Signature of
Physician

Address

John W. K. H. Jr.
West-Friends Life
Howard County

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

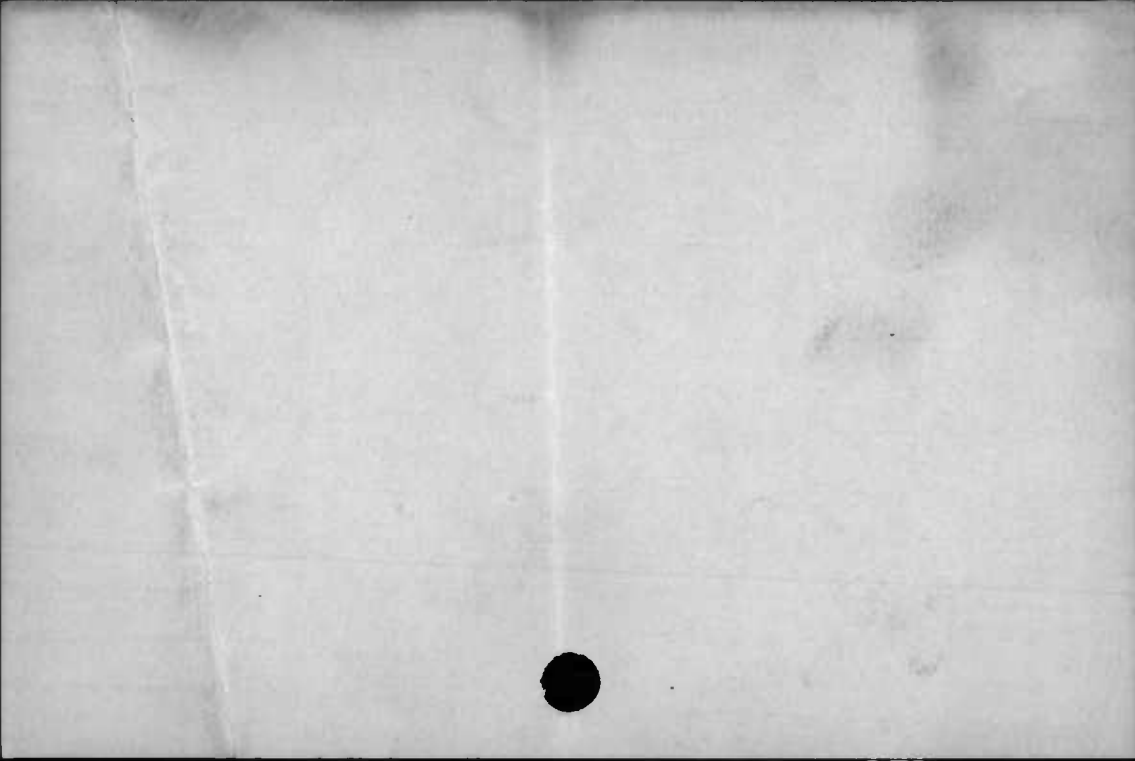
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|--|--------------------------------|--|-------------------------------|--|
| Name <i>Leroy Bollison</i> | | Town <i>Ellicott City</i> | | County <i>Howard</i> | | MARYLAND | |
| Died at | | Date of death <i>1905</i> | | Age | | Months <i>8</i> Days <i>4</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | | |
| Occupation <i>—</i> | | Where Residing if not at place of death <i>Ellicott City</i> | | | | | |
| Married, Single or Widowed <i>X</i> | | Name of Wife or Husband <i>X</i> | | | | | |
| Father's Name <i>Samuel Bollison</i> | | Father's Birthplace <i>Md</i> | | | | | |
| Mother's Maiden Name <i>Rachel Hatfield</i> | | Mother's Birthplace <i>Md</i> | | | | | |
| Name of person giving information <i>Rachel Bollison</i> | | How related to deceased <i>Mother</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Enter edema</i> | How long <i>One month</i> |
| Immediate <i>Arterial</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. M. Bollison</i> |
| | Address <i>Ellicott City, Md.</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full *Sara Cross* Town *Treadelphia* County *Howard*

Died at *Treadelphia*

Date of death 190 *5* ^{Month} *Aug* ^{Day} *24* ^{Years} *62* ^{Months} *0* ^{Days} *0*

Sex *Female* Color or Race *White* Birth-place *Ind*

Married, Single or Widowed *Widow* Occupation *Housewife*

Name of Wife or Husband *Wm Cross*

Father's Name *Joshua Cross* Father's Birthplace *Ind*

Mother's Maiden Name *"* Mother's Birthplace *Ind*

Name of person giving information *S A Nichols* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Valvular Heart* *79* ✓ How long *4 years*

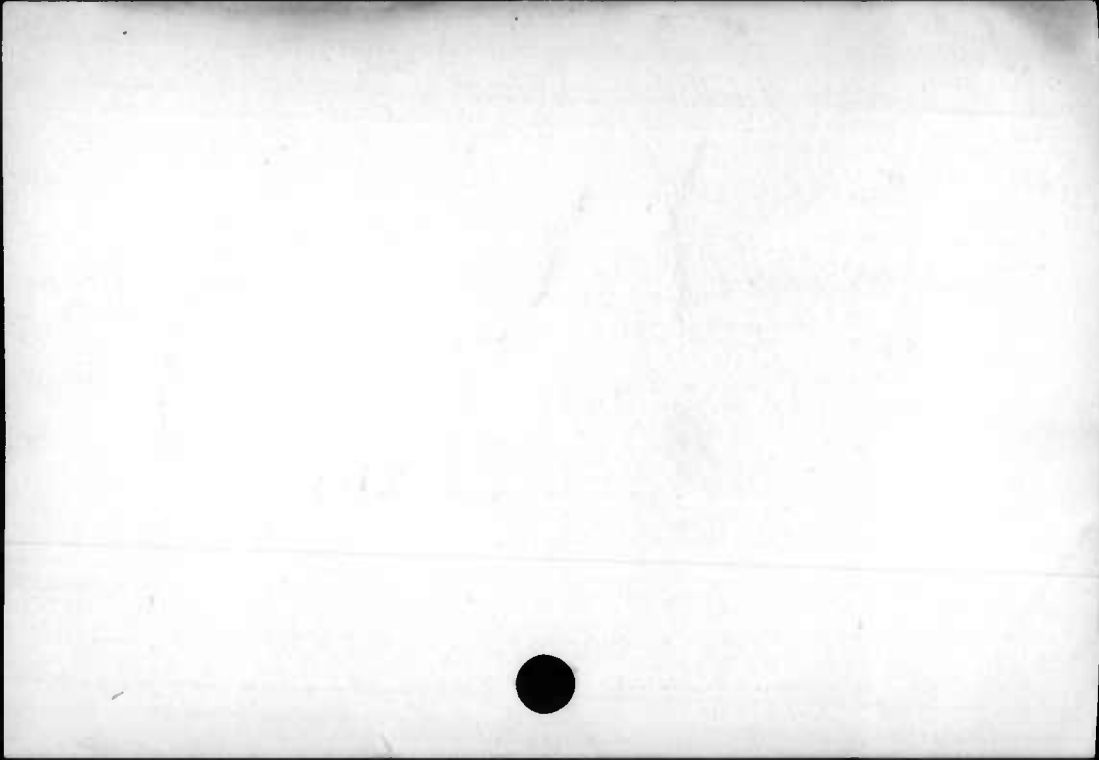
Immediate *Anasarca* How long *2 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *S A Nichols*

Address *Layton Ind*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

Josephine Hellen Fant

MARYLAND

Died at ^{Town} Catbridge ^{County} HowardDate of death 1905 ^{Month} Aug ^{Day} 12 ^{Years} Age 73 ^{Months} 8 ^{Days}

Sex Female Color or Race White Birth-place Washington DC

Occupation _____ Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Hamilton S Fant deceased

Father's Name John Hellen Father's Birthplace Washington DC

Mother's Maiden Name Josephine Kennel Mother's Birthplace Frederick MD

Name of person giving information H S Fant How related to deceased Son

CAUSES OF DEATH

Primary Terminal Enteritis 106 ✓ How long 3 weeks.

Immediate ✓ How long ✓
Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician E. W. Van Trump.

Address Baltimore, Md.

Accident or Suicide? No-

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

A W. Perkins

| | | | | | | | | | | |
|-----------------------------------|--|-------------|---------------|-------------------------|---|------------------------|------------|---------|-------------|----|
| Name in Full | | John Hall | | | | CERTIFICATE OF DEATH | | | | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town | | County | | MARYLAND | | | |
| | Mar Laurin | | | | Howard | | | | | |
| | Date of death | | 190 | Month | Day | Age | Years | Months | Days | |
| | J | | 8 | 24 | 23 | 1 | 14 | | | |
| | Sex | | male | | Color or Race | | black | | Birth-place | md |
| | Occupation | | Laborer | | Where Residing if not at place of death | | at home | | | |
| | Married, Single or Widowed | | married | | Name of Wife or Husband | | Susan Levi | | | |
| | Father's Name | | Moses Hall | | Father's Birthplace | | Va | | | |
| Mother's Maiden Name | | Emma Boston | | Mother's Birthplace | | md | | | | |
| Name of person giving information | | Moses Hall | | How related to deceased | | father | | | | |
| CAUSES OF DEATH | | | | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Typhoid Fever | | | How long | | 3 weeks | | |
| | Immediate | | Hemorrhage | | | How long | | 1 day | | |
| | Are the name, age, sex, color, date and place correctly given above? | | | yes | | Signature of Physician | | | | |
| | | | | | | Address | | | | |
| | Accident or Suicide? | | | no | | Savage md | | | | |

Name
in
Full

Lawrence R. Harman

CERTIFICATE OF DEATH

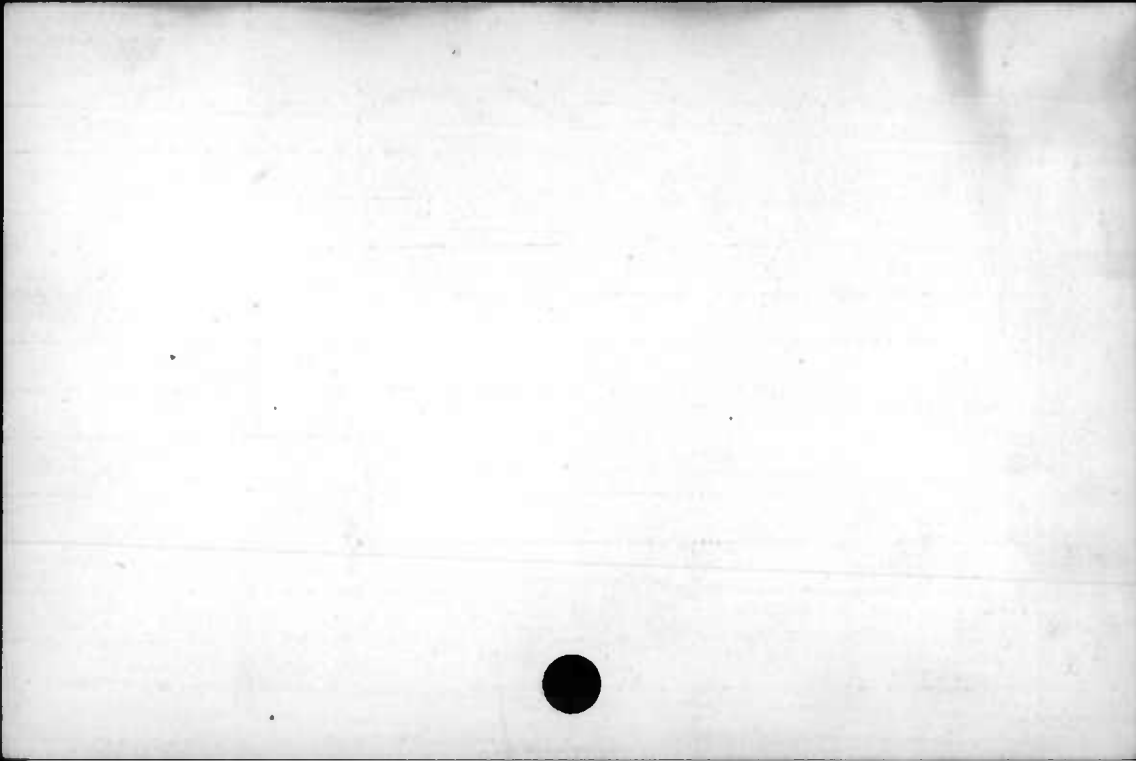
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--------------|--|-------------------------|-----------------|-----------|
| Died at Elkridge <small>Town</small> | | Baltimore <small>County</small> | | MARYLAND | |
| Date of death | 1905 | Month | Aug | Day | 29 |
| Age | Years | | Months | 4 | |
| Sex | male | | Color or Race | white | |
| Occupation | | | Birth-place | Elkridge | |
| Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| Single | | | | | |
| Father's Name | | | Father's Birthplace | | |
| James E Harman | | | Mo | | |
| Mother's Maiden Name | | | Mother's Birthplace | | |
| Florence E Gill | | | MD | | |
| Name of person giving information | | | How related to deceased | | |
| Frederick Gill | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------------------|---------------------------|----------------|
| Primary | Marasmus from dysentery | How long | |
| Immediate | Marasmus | How long | 24 days |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| yes | | Edward H. Condon | |
| | | Address | |
| | | 1403 W. Fayette St | |
| | | Baltimore Md | |
| Accident or Suicide? | | | |



Name
in
Full

Matilda Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|------------------|--------------------|----------------------------------|--|-------------|-------------------------|--------|
| Died at | | Town Greensboro | | County Howard | | MARYLAND | |
| Date of death | | Month 5 | Day 8 | Age | Years 10 | Months 11 | Days |
| Sex | female | | Color or Race | Black | | Birth-place | Md |
| Occupation | Infant | | | Where Residing if not at place of death at home | | | |
| Married, Single or Widowed | single | | Name of Wife or Husband _____ | | | | |
| Father's Name | John T. Holland | | | | | Father's Birthplace | Md |
| Mother's Maiden Name | Matilda Matthews | | | | | Mother's Birthplace | Md |
| Name of person giving information | John T. Holland | | | | | How related to deceased | father |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|--------------------|--|------------------------|------------------------|
| Primary | Tuberculosis | | How long | 1 year |
| Immediate | Exhaustion & Heart | | How long | a few days |
| Are the name, age, sex, color, date and place correctly given above? | yes | | Signature of Physician | W. H. [illegible] M.D. |
| | | | Address | Savage Md |
| Accident or Suicide? | Mithin | | | |

Name
in
Full

R Emory Hood

CERTIFICATE OF DEATH

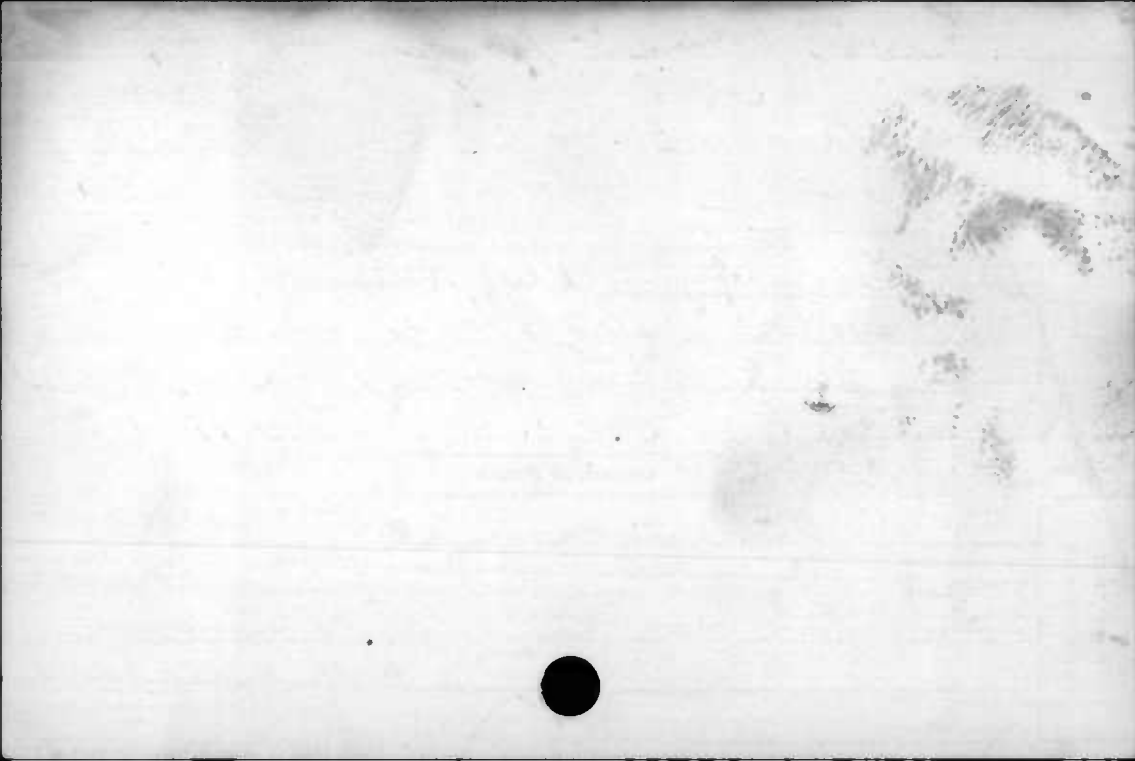
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--------------------------|-----------------------|-------------------------|---|-------------------------|-----------------------|-----------------|
| Died at | | Town <i>Elk Ridge</i> | | County <i>Howard Co</i> | | State <i>MARYLAND</i> | |
| Date of death | 190 | Month | <i>Aug</i> | Day | <i>3</i> | Years | <i>23</i> |
| Sex | <i>Male</i> | | Color or Race | <i>White</i> | | Birth-place | <i>Dorsey's</i> |
| Occupation | <i>Carpenter</i> | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | <i>Married</i> | | Name of Wife or Husband | <i>Ada Katharine</i> | | | |
| Father's Name | <i>Thomas Henry Hood</i> | | | | Father's Birthplace | <i>Dorsey's</i> | |
| Mother's Maiden Name | <i>Henrietta Bryan</i> | | | | Mother's Birthplace | <i>Elk Ridge</i> | |
| Name of person giving information | <i>"</i> | | | | How related to deceased | <i>Mother</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------|------------------------|------------------------|
| Primary | <i>Tuberculosis</i> | How long | <i>2 years</i> |
| Immediate | <i>Consumption</i> | How long | <i>2 years</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>Arthur Williams</i> |
| | <i>no</i> | Address | <i>Elk Ridge Md</i> |
| Accident or Suicide? | <i>no</i> | | |



Name
in
Full

Walter Moor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Colver* ^{Town} *Howard* ^{County} *Co.*Date of death *1905* ^{Month} *Aug* ^{Day} *12* ^{Age} *0* ^{Years} *6* ^{Months} *0* ^{Days}Sex *Male* Color or Race *Black* Birth-place *Howard Co*Occupation *Home Int Jan* Where Residing if not at place of death *Colver*~~Married~~ *Single* *yes* Name of Wife or Husband *Home Int Jan*Father's Name *Dennis Moor Jr* Father's Birthplace *Howard Co*Mother's Maiden Name *Fannie Wattenis* Mother's Birthplace *Prince Geo Co*Name of person giving information *Dennis Moor Jr* *63* How related to deceased *Father*

CAUSES OF DEATH

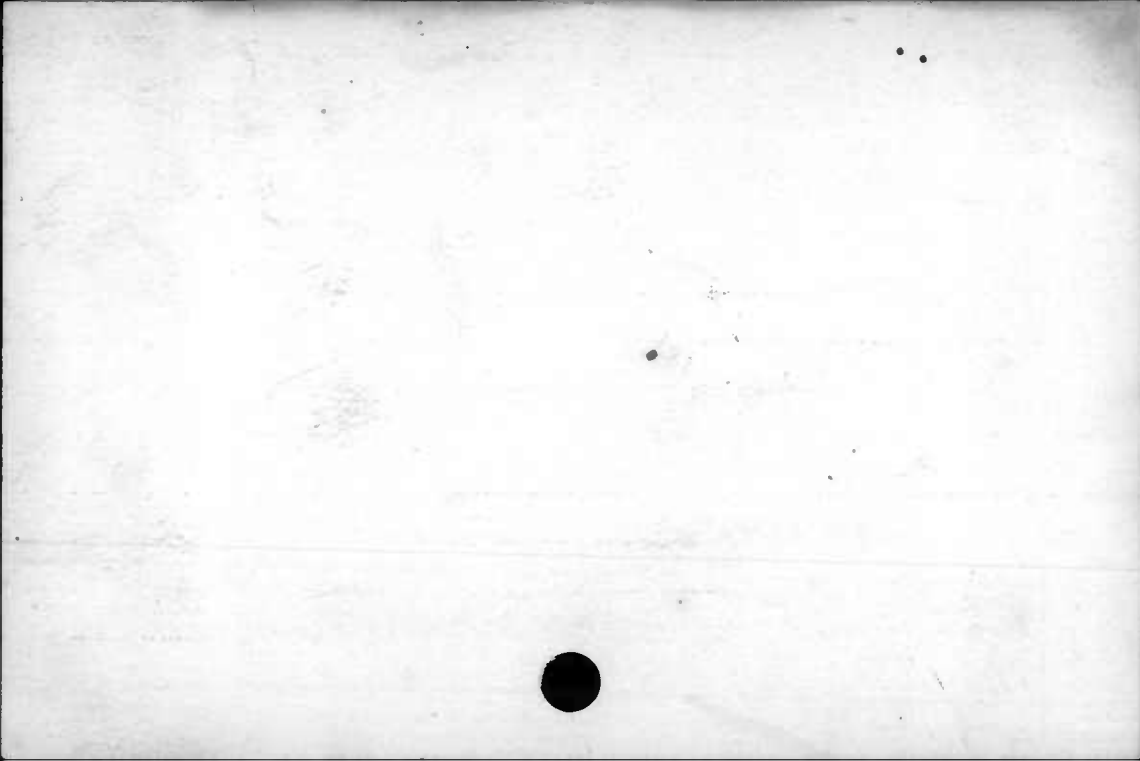
Primary *Infantile Paralysis*How long *14 days*Immediate *convulsion*How long *Few hours*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

J. R. Hunt
Laurel Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Helen A O Donnell*

Town *Ellicott City* County *Howard* MARYLAND

Died at *Ellicott City*

Date of death *1906* Month *Aug* Day *7* Age *2* Years Months Days

Sex *female* Color or Race *White* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death *Near Columbia*

Married, Single or Widowed _____ Name of wife or Husband _____

Father's Name *William O Donnell* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary A Rooney* Mother's Birthplace _____

Name of person giving information *William O Donnell* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Heart defective or hurt* How long _____

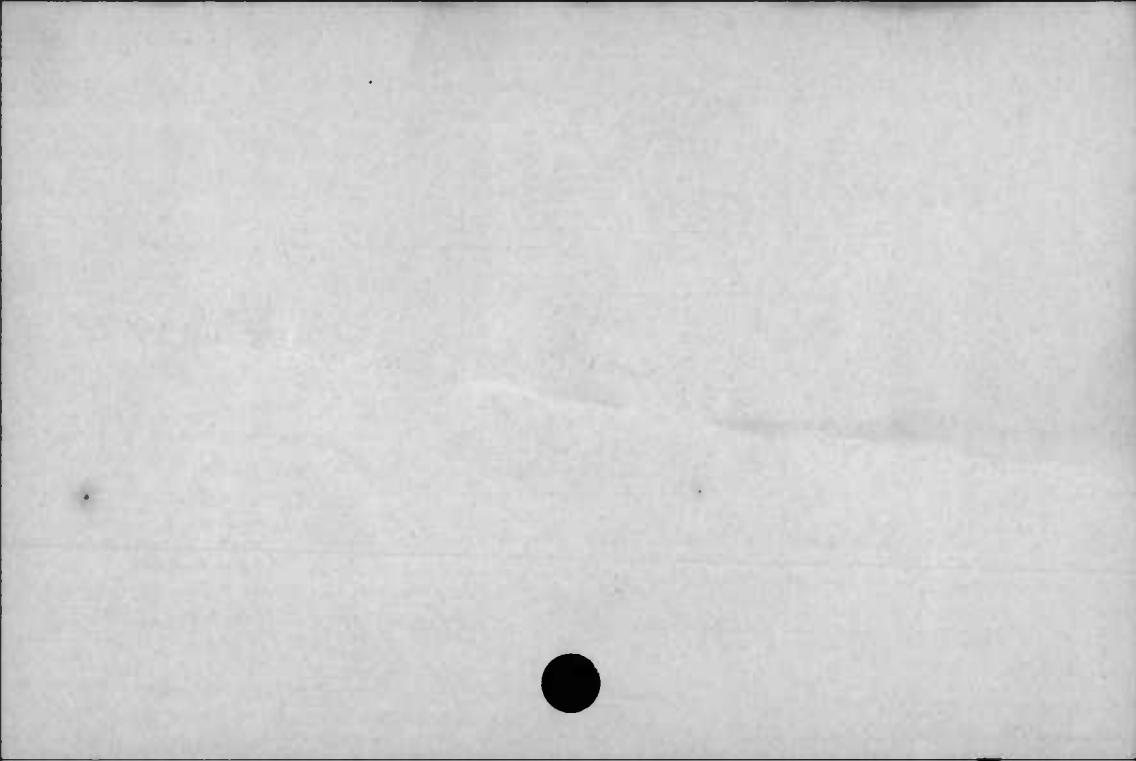
Immediate *Arteries* How long _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm M. Brown, MD*

Address *Ellicott City, Md*

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

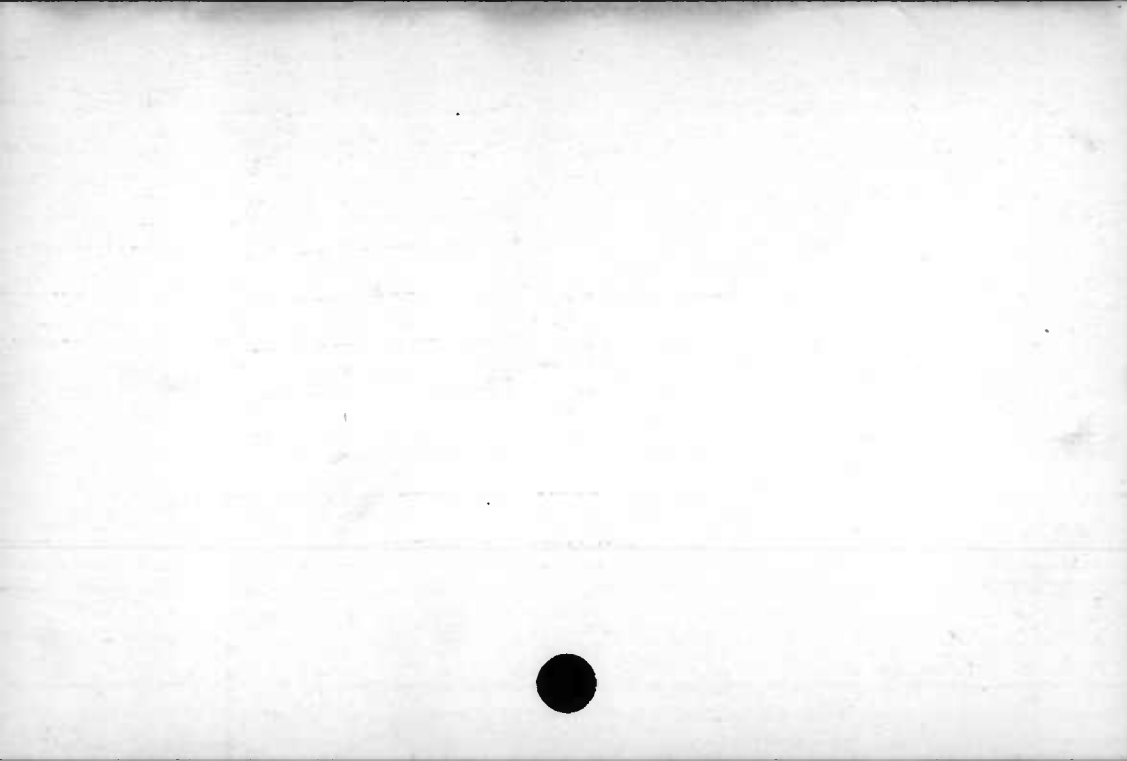
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|------------------|-------------------------------|---|--------------------------|------------------|
| Died at <i>alpha</i> Town | | <i>Pomeroy (M.M.)</i> County | | MARYLAND | |
| Date of death <i>1905</i> | Month <i>aug</i> | Day <i>22</i> | Years <i>4</i> | Months <i>Dead</i> | Days <i>Born</i> |
| Sex <i>Female</i> | | Color or Race <i>white</i> | | Birth-place <i>alpha</i> | |
| Occupation _____ | | | Where Residing if not at place of death _____ | | |
| Married, Single or Widowed _____ | | Name of Wife or Husband _____ | | | |
| Father's Name <i>Lee D. Pomeroy</i> | | | Father's Birthplace <i>va</i> | | |
| Mother's Maiden Name <i>Sarah E. Moxley</i> | | | Mother's Birthplace <i>Ind</i> | | |
| Name of person giving information <i>Lee D. Pomeroy</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

*Died*PHYSICIAN
OR CORONER

| | | |
|--|------------------|---|
| Primary | <i>Dead Born</i> | How long <i>about 3</i> or <i>4</i> days before |
| Immediate | <i>S.</i> | How long <i>birth</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician <i>Berg' Y. Shipley</i> |
| | | Address <i>alpha</i> <i>Howard Co</i> <i>Ind</i> |
| Accident or Suicide? _____ | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Dorothea Olivia Ricks

Died at ^{Town} Elk Ridge ^{County} Howard

MARYLAND

Date of death 1905 Aug 24th Age 53. Months Days

Sex female Color or Race white Birth-place Maryland

Occupation housewife Where Residing if not at place of death at Elk Ridge

Married, Single or Widowed married Name of Wife or Husband Husband Henry Ricks

Father's Name not known

Father's Birthplace

Mother's Maiden Name not known

Mother's Birthplace

Name of person giving information Henry Ricks (106) How related to deceased Husband

CAUSES OF DEATH

Primary Chronic Enteric Colitis How long several years duration

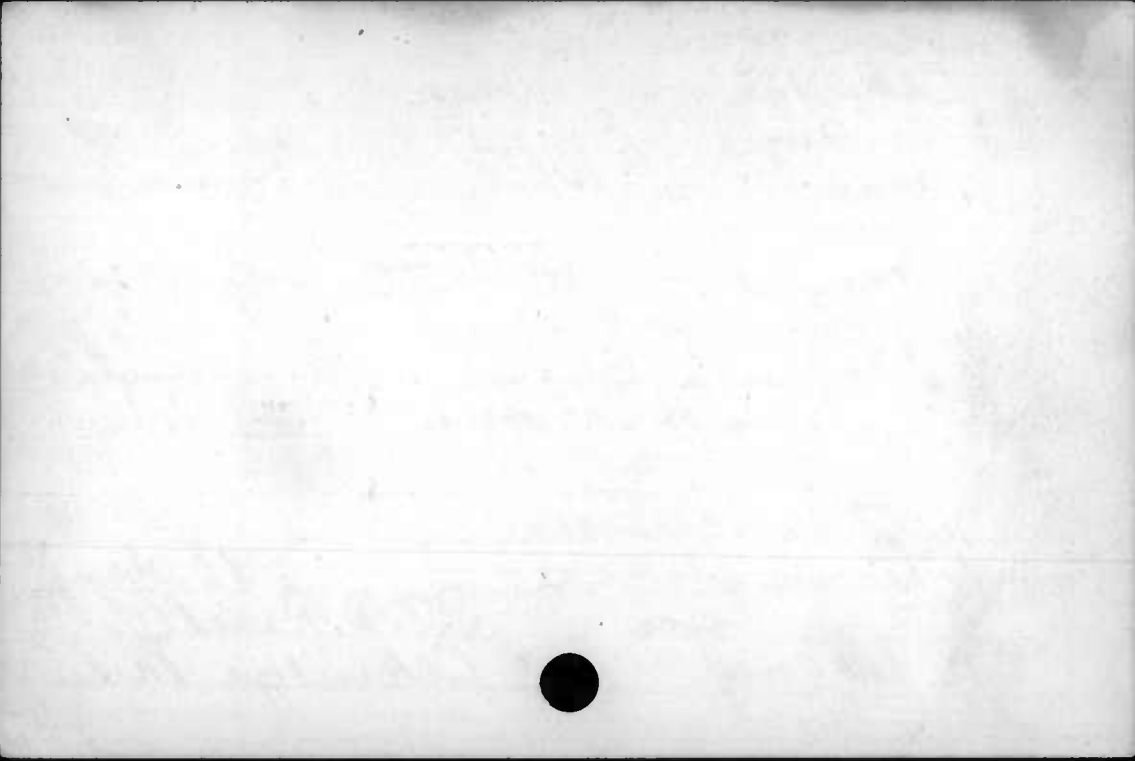
Immediate same How long same

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Arthur Williams

Address Elk Ridge Howard Co Md

Accident or Suicide? no



Name
in
Full

David W. Rider

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | | |
|-----------------------------------|--|-------------------|-------|---|-----|---------------|-----|-------------------------|--------|----------|------|---|
| Died at | | Ellicott City | | Howard | | County | | MARYLAND | | | | |
| Date of death | | 1905 | Month | Aug | Day | 19 | Age | — | Months | 11 | Days | X |
| Sex | | Male | | Color or Race | | White | | Birth-place | | Ohio | | |
| Occupation | | X | | Where Residing if not at place of death | | Ellicott City | | | | | | |
| Married, Single or Widowed | | X | | Name of Wife or Husband | | X | | | | | | |
| Father's Name | | David L. Rider | | | | | | Father's Birthplace | | Pa | | |
| Mother's Maiden Name | | Daisy P. Harroson | | | | | | Mother's Birthplace | | Maryland | | |
| Name of person giving information | | David L. Rider | | | | | | How related to deceased | | Father | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------|------------------------|-------------------|
| Primary | Jaundice | How long | 16 weeks |
| Immediate | Arteries | How long | |
| Are the name, age, sex, color, date and place correctly given above? | yes | Signature of Physician | W. M. B. Johnson |
| | | Address | Ellicott City, Md |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

George H Schaeffer Schaeffer (MCP)

Town

County

MARYLAND

Died at

Elkridge

Howard

Date

190

Month

Aug

Day

9

Years

Age

77

Months

2

Days

10

Sex

Male

Color or
Race

White

Birth-
place

Preston Co. W. Va.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Harriett Schaeffer

Schaeffer

Father's
Name

John Schaeffer

Father's
Birthplace

Preston Co. W. Va.

Mother's
Maiden Name

Hannah Beedle

Mother's
Birthplace

Washington Co. Md.

Name of person giving
Information

Geo. H Schaeffer

How related
to deceased

Son

CAUSES OF DEATH

Primary

Arterio Sclerosis

64

How long

Immediate

Hemiplegia

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

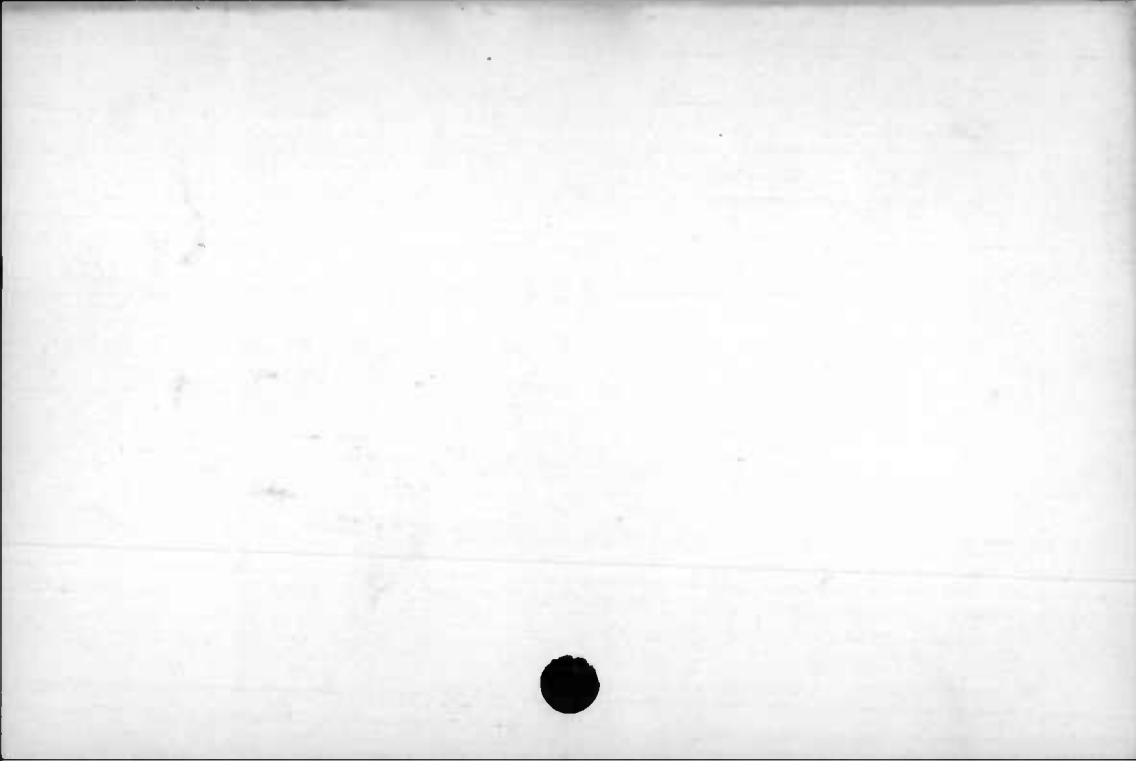
S. T. P. Revell

Address

Elkridge Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mollie L. Stokes

CERTIFICATE OF DEATH

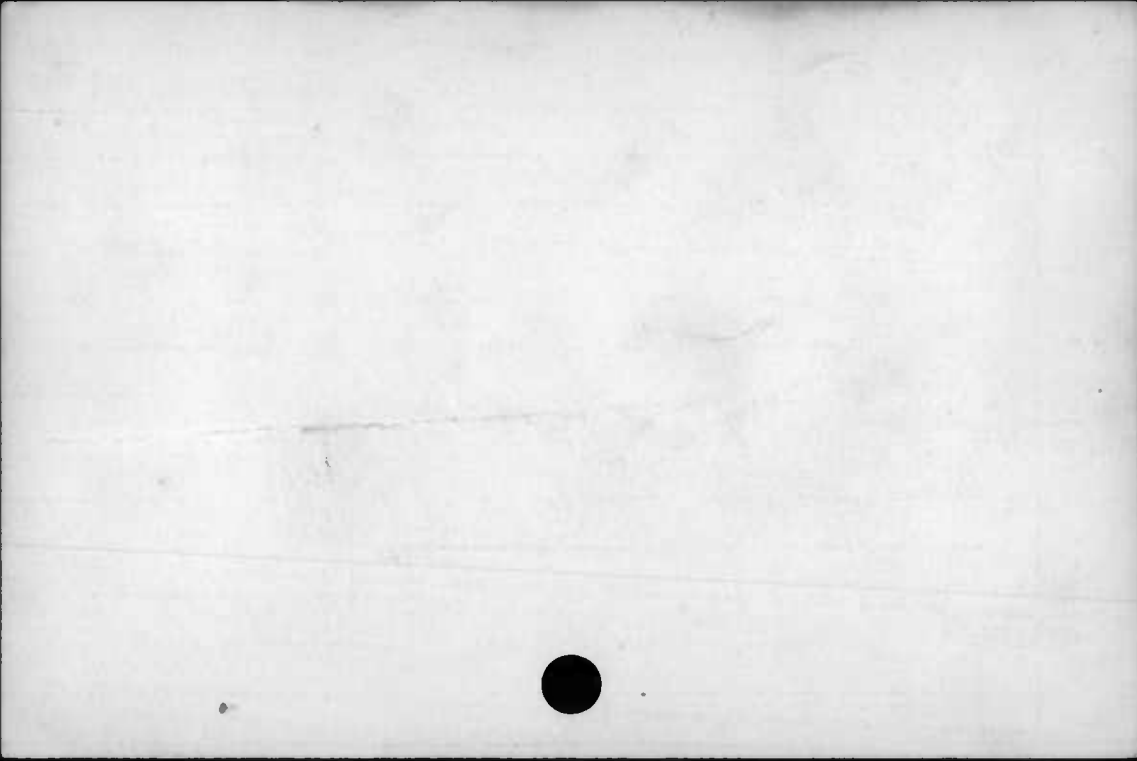
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------------|----------------------------------|--|--------------------|-------------------|
| Died at <u>Alberton</u> ^{Town} | | <u>Stoward</u> ^{County} | | MARYLAND | |
| Date of death 190 <u>5</u> | Month <u>Aug</u> | Day <u>31</u> | Age <u>29</u> | Months <u>3</u> | Days <u>17</u> |
| Sex <u>Female</u> | Color or Race <u>White</u> | | Birth- place <u>N. C.</u> | | |
| Married, Single or Widowed | | | Occupation <u>Housewife</u> | | |
| Name of Wife or Husband <u>William Stokes</u> | | | | | |
| Father's Name <u>Josh. W. Brown</u> | | | Father's Birthplace <u>N. C.</u> | | |
| Mother's Maiden Name <u>Mahala E. Leder</u> | | | Mother's Birthplace <u>N. C.</u> | | |
| Name of person giving Information <u>—</u> | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|---------------------------------|--|
| Primary <u>Pulmonary Tuberculosis</u> | <u>22</u> ^{years} long | <u>8 mos</u> |
| Immediate <u>Cardiac Asthenia + Pulmonary Tuberculosis</u> | <u>2</u> ^{days} long | <u>2 days</u> |
| Are the name, age, sex, color, date and place correctly given above? | <u>Yes</u> | Signature of Physician <u>Frank S. Miller M.D.</u> |
| | Address <u>Alberton Md</u> | |
| <u>Accident or Suicide?</u> | | |



| | | | | | | | |
|-----------------------------------|--|---|--------|---------------|------------------------|-------------------------|---------------|
| Name in Full | | Mary E Thomas | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town | | County | | MARYLAND |
| | Chesapeake Md | | Harris | | | | |
| | Date of death | 1905 | Month | Aug | Day | 16 | Age |
| | | | Years | 1 | Months | | Days |
| | | | | | | | 21 |
| | Sex | Female | | Color or Race | Negro | | Birth-place |
| | | | | | | | Myersville Md |
| Occupation | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Father's Name | | Geo. R. Thomas | | | | Father's Birthplace | Md |
| Mother's Maiden Name | | Emma Lyles | | | | Mother's Birthplace | Md |
| Name of person giving information | | Emma Lyles | | | | How related to deceased | Mother |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Cerebral Meningitis | | | | How long | 3 weeks |
| | Immediate | Ortheria | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | |
| | | | | | Address | | |
| | | | | | Chesapeake Md | | |
| Accident or Suicide? | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|------------------|---------------|-------|---|----------|----------|----|
| Died at | | Town | | County | | State | |
| Chester | | Baltimore | | Howard | | MARYLAND | |
| Date of death | 1905 | Month | Aug. | Day | 33 | Age | 26 |
| Sex | Male | Color or Race | White | Birth-place | Maryland | | |
| Occupation | quarry hand | | | Where Residing if not at place of death | Chester | | |
| Married, Single or Widowed | Single | | | Name or Name of Husband | | | |
| Father's Name | Franklin J. Ward | | | Father's Birthplace | Maryland | | |
| Mother's Maiden Name | Ida J. Koules | | | Mother's Birthplace | Maryland | | |
| Name of person giving information | Ida J. Ward | | | How related to deceased | Mother | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|----------|-------------|
| Primary | Premature black at Heavy | How long | |
| Immediate | Hemorrhage, laceration, Shock | How long | a few hours |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician William E. Hodges | | |
| | Address Elliott City - Md. | | |
| Accident or Suicide? | | | |



Name
in
Full

Minnie L Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|---------------------------------------|--|-----------------|---------------|
| Died at <i>Ilchester</i> Town | | <i>Baltimore</i> County <i>Howard</i> | | MARYLAND | |
| Date of death <i>1906</i> | Month <i>Aug</i> | Day <i>14</i> | Age <i>—</i> | Months <i>9</i> | Days <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | |
| Occupation <i>—</i> | | | Where Residing if not at place of death <i>Ilchester</i> | | |
| Married, Single or Widowed <i>—</i> | | | Name of Wife or Husband <i>—</i> | | |
| Father's Name <i>Lenard Ward</i> | | | Father's Birthplace <i>Maryland</i> | | |
| Mother's Maiden Name <i>Lillie Sherwood</i> | | | Mother's Birthplace <i>—</i> | | |
| Name of person giving information <i>George Barnhardt</i> | | | How related to deceased <i>sister in law</i> | | |

CAUSES OF DEATH

| | | |
|--|--------------------|---|
| Primary | <i>Hem Colitis</i> | How long <i>3 weeks</i> |
| Immediate | <i>Catherin</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician <i>W. M. B. Howard</i> |
| | | Address <i>Elmhurst, Md</i> |
| Accident or Suicide? | | |

PHYSICIAN
OR CORONER

